

This Amendment No. 2 provides responses to questions received to the Request For Proposal No. CFSA-04-R-0001 hereinafter referred to as the “Request For Proposal” or “RFP”. See PART I – RESPONSES TO QUESTIONS.

Additionally, this Amendment makes changes to the RFP. See PART II – CHANGES TO RFP.

All other terms and conditions of the RFP remain unchanged.

PART I – RESPONSES TO QUESTIONS

1. **(A) Should an Offeror responding to this solicitation understand that the Child and Family Services Agency takes the position that all children, regardless of their condition or circumstance, e.g., medically challenged, mentally challenged, disruptive violent behavior, gender identity and/or severe sexually acting-out, can be placed and live safely in a family-based foster care home? (B) Is it possible to rely on parent training to accomplish this?**
 - (A) An individual placement decision will be made for each child, according to his/her personal needs. Providers are expected to match children with foster parents with the appropriate skills and resources to care for them, and to assist parents with the services and supports they need to care for children placed in their homes.*
 - (B) Providers shall ensure that candidates for foster parenting acquire the knowledge and skills to respond appropriately to the needs of the children presented for care through foster parent training and other opportunities for skills development.*
2. **(A) Must foster homes be designated as “traditional or “specialized” prior to the placement of children in that home? (B) Are homes to be “dedicated” to one of the levels of care?**
 - (A) Foster parents should be prepared to care for children with a range of needs. The Contractor is expected to determine the level of care a trained foster parent is able to provide. Foster parents with specialized training are certainly able to care for children without specialized needs. How those parents are used should be determined by the Contractor.*
 - (B) CFSA has not established a requirement in the Request for Proposals that an Offeror limit the designation of a foster home to either “traditional” or “specialized”. A determination about how a home is utilized shall be made at the discretion of the Offeror.*

3. Will CFSA transfer the entire case planning over to the contract provider?

Yes, once a case has been transferred to the contract provider, total case responsibility, including case planning, is transferred.

4. Will CFSA issue more than one contract or use more than one provider?

CFSA anticipates awarding more than one contract for each contract line item.

5. (A) Can the Offerors get copies of the LaShawn A. Williams Case? (B) Can the providers get a copy of the implementation plan involving the same case?

A copy of the LaShawn vs. Williams case file is maintained, among other places, at the United States District Court for the District of Columbia, and, upon request, may be accessed at there. (B) CFSA has placed a copy of the Implementation Plan on its web-site at www.cfsa-dc.org.

6. (A) Will the board and care rates remain the same for Traditional Family Based Foster Care? (B) Will there be an increase in the initial clothing payment allotted to the foster parents when a child is placed in their home?

- (A) Board and care rates will not be raised as a result of this solicitation.*
- (B) No increase in the initial clothing payment allotted to foster parents will be made as a result of this solicitation.*

7. What is the minimum quantity to be contracted by CFSA? (See Section B.8.1)

One thousand dollars (\$1,000.00) is the minimum guaranteed amount that would be awarded to any selected Offeror.

8. Is the umbrella liability insurance limit of no less than \$10 million dollars excessive? (See Section I 11.7)

CFSA has amended the solicitation and revised the umbrella liability insurance limit downward to be no less than \$3million dollars. (See PART II of this Amendment)

9. Adoption services – Are they related to taking only outside referrals, or are they related to children already placed within its foster care programs? (See Section C.10).

An Offeror proposing Adoption services should expect to place children within its foster care program and may be referred children from other foster care providers as well if its capacity permits.

10. What is the CFSA process for moving a child from traditional to specialized care?

A Contractor may request a change in placement status through its Program Monitor. Upon receipt, the CFSA Office of Clinical Practice will review the request for a child to be placed in specialized foster care, and make a determination whether to approve or deny the request. Once CFSA has begun the use of Facilitated Family Team Meetings for placements changes, such a placement change will require the conduct of a Facilitated Family Team Meeting.

11. Are training requirements referred to in these sections in addition to CEU's required by Maryland and the District of Columbia? (See Sections C.4.3.2.3 and C.4.3.2.4)

The training requirements referred to in the referenced sections are not directly related to social work licensure requirements of either Maryland or the District of Columbia.

12. What means of communication is to be used to transmit the Vacancy Report referred to in section C.6.6.5?

Contractors shall provide daily vacancy reports to their program monitors via e-mail. Monthly reports are provided to Program Monitors in writing.

13. Does a "Case Plan" equal an ITP in FACES? (See Section C)

No, a Case Plan is not an Individual Treatment Plan (ITP) in FACES. A definition for ITP has been added to the Glossary of Terms, and Appendix B fully outlines all aspects of the ITP.

14. Does the provider have to "cap" Continuing Child Case Management clients? If so, what happens when the cap is exceeded due to circumstances beyond the provider's control? (See Section C)

The Offeror shall propose the total number of hours of Continuing Child Case Management it wishes to provide. A Contractor shall alert the CFSA Office of Contracts if it anticipates that it may exceed the total number of hours for which CFSA has contracted.

15. What are the minimum required policies and procedures? (See Section C)

Offerors shall comply with the requirements of Section C regarding policies and procedures that shall be in place.

16. Will CFSA continue to generate the monthly invoice?

CFSA anticipates maintaining its current invoicing practice at this time. Any changes to the invoicing practices will be made known by a written Amendment or reflected in contract awarded resulting from this solicitation.

17. What will be the process for addressing court orders which prove to be financial hardships for the selected contractor(s)?

Contractors shall use a process to submit a proposal to substantiate and address the cost of court orders they believe will present a financial hardship. CFSA will evaluate such proposals claiming a hardship and negotiate an equitable adjustment, should it be determined that cost resulting from a court order is out of scope of the contract. (See Section C.8.1.8)

18. What is the process for negotiating a contract amendment due to programmatic financial hardships?

Each Offeror should propose an amount to cover the anticipated cost of delivering the services it proposes. CFSA does not anticipate negotiating contract an amendment to accommodate the financial hardship of a contract provider.

19. Please clarify the considerations for management fee and the maximum price. Please explain the price schedule matrix on pages 10-13.

Refer to Section B.5 --Definitions and Instructions (B.5.1, B.5.2, B.5.3, B.5.3.1, B.5.4, B.5.5, B.5.6, B.5.7, B.6 and B.7) on pages 7 and 8 for the definitions and instructions for pricing., and Section L.2.1.8 for detailed pricing instructions for the RFP.

20. Are Offerors required to have 1 technical person per 30 FACES users?

The amount and quantity of technical support required by the Offeror should be determined by the Offeror. The Offeror is required to comply with the requirements set forth in Section C.5 for FACES interface and support.

21. Does *Family Case Management Responsibility* mean the contractor is responsible for paying for all the services and goods that any family member requires?

A Contractor with family case management responsibility must ensure that children and their families receive the services and goods essential to successful achievement of the family's goals and objectives. In some instances, the Contractor may be required to pay for services, and in other instances the Contractor shall facilitate services that can be provided by community-based organizations, or are billable through public funding sources (i.e. Medicaid), without cost to the Contractor.

- 22. Does family really mean only everyone living under one roof? What about third party placements?**

The glossary definition of family remains the same, and a definition of kin has been added by this Amendment. (See Part II of this Amendment.)

- 23. Who pays for tuition for District wards attending school outside of the District of Columbia?**

The District of Columbia Public Schools pays tuition expenses for District wards attending school in other jurisdictions.

- 24. Are social workers required to file petitions with the court?**

No, social workers are not required to file the petition with the court. The social worker is required to work with the attorney representing the CFSA to prepare the petition and other pleadings that will be filed with the court in an abuse or neglect matter. (See Part II of this Amendment which changes Appendix A to Section C of the RFP #17 Under Family Case Management Responsibility)

- 25. (A) Is the decision about whether a child is specialized or traditional made pre- or post-placement? (B) Is there going to be an effort to reduce the number of specialized placements?**

(A) With the exception of emergency placements, the initial level of care needed by each individual child will be determined prior to placement.

(B) CFSA has indicated that it anticipates purchasing less capacity in specialized family-based foster care over the life of the contracts awarded in response to this RFP.

- 26. If no more than two children including foster parents' biological children are allowed in a specialized home, what do we do about our current homes in which there are, for example, two foster children and two biological children?**

Chapter 60 of DCMR 29 establishes limitations on the number of foster children placed in a licensed foster home. The Implementation Plan approved by the Federal Court provides standards for CFSA compliance with those requirements. Section C.3.4.6 specifies the conditions under which these limits may be exceeded.

- 27. Page 38 – Is aftercare three months or six months?**

Aftercare shall be provided for a minimum of six months.

- 28. Will any contracts be awarded to Offerors located in Virginia? If so, how many? If contracts are not awarded to Virginia Offerors, could the Virginia Offeror open a facility in the District of Columbia for this proposal?**

Offerors located in Virginia are not restricted from proposing or receiving an award. The outcome of the competition will determine which Offerors are awarded a contract resulting from this RFP. Child placement agencies licensed by the District of Columbia are eligible to receive awards under this RFP.

- 29. (A) What will happen to children who are currently in “Therapeutic” care? (B) How does their status change? (C) If they are “stepped down” what will happen regarding the “boarding rates”?**

(A) “Therapeutic” foster care will henceforth be known as “specialized” care.

(B) The Contractor shall periodically review the status of children currently in therapeutic foster care to determine if the level of care being provided is still appropriate.

(C) See Section C.9.2.12 regarding the expectation of Offerors regarding stepping down the level of care.

- 30. Please discuss the importance of the Core Service Agency and Medicaid as it relates to this RFP.**

CFSA intends to make maximum use of services that are generally available to District children and families, including mental health services provided by the Department of Mental Health’s Core Services Agencies, to ensure that services continue to be available to children and families when children are no longer in care., DMH Core Services Agencies, for example, are Medicaid providers; and, therefore, generally available to children and families. CFSA will more favorably evaluate the proposals of Offerors that are themselves Medicaid providers within the DMH Core Service Agency system of care.

- 31. Is the training curriculum for Foster Care providers (PRIDE/MAPP) available to contractors to ensure that they are meeting the requirements? (See Section C.3.5.2)**

Offerors are expected to secure their own foster parent training curricula.

- 32. Does CFSA expect that successful bidders will have the capacity to provide traditional and specialized foster care services as well as adoption services?**

Offerors may bid either traditional and specialized foster care services or both. Offerors may also bid adoption services if they bid for either foster care service.

- 33. Given the lack of experience on the part of all the Offerors in implementing this plan, in what areas will financial caps be acceptable for CFSA?**

Each Offeror is required to provide a unit price and maximum price for each service proposed. (See the response to question 17 for the process to handle financial hardship resulting from cost not proposed but imposed due to a court order)

- 34. Does CFSA anticipate expansions in this service area in the next 36 months? If so, to what extent?**

No, CFSA does not anticipate expansions in this service area in the next 36 months.

- 35. Is the Offeror responsible for billing Medicaid if it is proposing medically fragile children?**

A Contractor will not be responsible for billing Medicaid for family-based foster care it provides for medically fragile children. Specialized family-based foster care is not a Medicaid eligible service. However, if an Offeror proposes to provide medical services, then the Offeror will be responsible for billing Medicaid.

- 36. How long after signing of contract(s) will it be before children are placed?**

Children will be placed with successful Offerors when they have appropriate foster home and staffing capacity to support placement.

- 37. Are Offerors to pay for services provided by the Collaboratives, who are already under contract to provide neighborhood based services?**

Offerors shall establish the business and service arrangements of their choice with the Healthy Families Thriving Communities Collaboratives in accordance with Sections C.3.2.2.1 and C.3.2.2.2.

- 38. (A) Please explain how the Indefinite Quantity Indefinite Deliver (IDIQ) contracting works. (B) Can you clarify whether the maximum quantity amount indicated in the Pricing Schedule is the total amount for all bidders? (C) Additionally can you clarify the minimum amount specified in the Pricing Schedule?**

(A) IDIQ contracting allows the government to procure up to the maximum quantities specified in the contract. The maximum quantity does not guarantee that the government is will procure a specific quantity.

(B) In this RFP, the maximum quantities are the total quantity that the government estimates that it will procure from all vendors. (See answer no.22 above).

(C) The minimum guaranteed amount is the maximum liability that the government would assume to any contractor should it not procure any services from the contractors.

39. Will CFSA provide a list of attendees from the pre-proposal conference?

Yes. A copy will be put on the CFSA web site.

40. If a mental health subcontractor is used by a successful Offeror for Foster Care Services, will the mental health subcontractor be required to be on the FACES network?

No.

41. Does the RFP include family preservation?

No.

42. What is the status of the CFSA “Confidentiality” Manual?

The “Confidentiality” Manual is in development.

43. What is the process for obtaining licensure as a foster care placement agency in the District of Columbia?

Offerors must apply for child placement agency licensing through the District of Columbia Department of Health.

44. Is it possible to submit an integrated proposal for both traditional and specialized services or must the Offeror submit two proposals?

Offerors that respond to both requirements should submit separate proposals. Traditional and specialized foster care services will be evaluated separately..

45. Under specialized foster care, would not reducing the stipend paid to the foster parent pose a disincentive to specialized foster parents developing the skills and undergoing the training time to work with the most difficult behavioral children?

A foster parent stipend is provided in relationship to the level of care needed for a particular child. Specialized family-based foster care is intended to be an intensive level of care needed by a child for a limited period of time. Once the child no longer needs the same level of care, the foster parent stipend shall be reduced accordingly. All children, including those in specialized care, are expected to be placed in permanent settings as soon as possible.

- 46. In order to preserve the continuity of care can specialized foster care families be switched to traditional care as a child improves, in order that there is no disruption in the supportive relationships?**

See Section C.9.2.12 regarding stepping down children in specialized care. Minimizing disruption in the lives of children is CFSA's goal..

- 47. What does the “Maximum quantity to be considered by CFSA” for Continuing Child Case Management Responsibility and for Continuing Family Case Management for Specialized Care” represent?**

Each maximum quantity for Continuing Child Case Management Responsibility or Continuing Family Case Management Responsibility represents the total number of days of case management service per child or family CFSA will purchase under this solicitation.

- 48. How is “members of the family” defined?**

See the definition of family in the Glossary (Attachment J.10) and also refer to kin as added by Part II of this Amendment.

- 49. If there is a child in specialized foster care placement and other youth at home and a contractor has family case management responsibility does the contractor bill at both rates simultaneously?**

No. The solicitation has been amended to further clarify family and child case management responsibilities, and to provide supplemental definitions to the Glossary of Terms regarding continuing case management.

- 50. Can Offerors propose a financial cap for family case management responsibility services? This would allow Offerors to plan budgeting strategies.**

Contractors are responsible for the costs incurred by child case management and family case management responsibilities. Section C.8.1.8 of the Statement of Work explains CFSA requirements for service provision, and addresses extraordinary costs.

- 51. “Children who require only mild to moderate behavioral psychological, medical,...assistance with activities of daily living will be placed in Traditional Family Based Foster Care.” (Section C.1.4.) Who determines the level of assistance needed?**

CFSA's Office of Clinical Practice will decide on the appropriate placement type for each child.

- 52. Please describe the manner in which facilitated family team meetings will occur for each and every placement change.**

CFSA is currently developing its plan for the use of Facilitated Family Team Meetings for placement changes. The planning process includes internal and external stakeholders to ensure that training, expectations and policies/procedures are clear and doable.

- 53. “Offerors will propose a recognized model of foster parent training, MAPP or PRIDE.” Section C.3.5.2. Is this the expectation for specialized foster care as well?**

Offerors are expected to ensure that foster parent candidates preparing to provide specialized foster care meet the general training requirements outlined in Section C.3.5.2, as well as those for specialized foster care described in Section C.9.2.6.

- 54. Will private providers be given access to generate management reports in FACES?**

Yes, CFSA expects to provide its private foster care contractors with the ability to generate management reports in FACES no later than March 1, 2004.

- 55. Will the “placement rotation method,” to be implemented in the option year, include agencies that only provide one service type, (specialized or traditional)? If that is the case, how and when will the determination be made about the level of service a youth really needs? Will this eliminate the matching and pre-placement process of agencies that provide specialized care?**

CFSA has not yet determined which levels of foster care it will include in its pilot of a placement rotation method. CFSA expects to retain the matching and pre-placement process appropriate to specialized care.

- 56. Contractors with family case management responsibilities are expected to maintain that responsibility until the permanency goal is achieved and CFSA closes the family’s case. What is CFSA’s criteria to close a case? Is it once the court closes the case?**

The Family Court may close a case following achievement of the permanency goal; but CFSA may keep the case open during a period of aftercare, and/or until all service goals have been achieved..

- 57. What are the beginning and ending dates for the contract periods?**

The solicitation has been amended to update the expected base and option periods. Refer to Section B.8 of the RFP. The Base period is scheduled to be June 1, 2004

through May 31, 2005. The Option period is scheduled to be June 1, 2005 through May, 2006.

58. What is considered extraordinary cost?

Contractors shall individually determine the costs for which they request direct CFSA payment.

59. Are specialized care providers required to have a teen mother program?

CFSA desires to contract with Offerors willing to serve the children presented for care, including teen parents and their children. Offerors that propose specialized foster care for a range of youth, including teen parents and their children, shall receive more favorable evaluation. (See Section C.9.3.3).

60. Please explain the liability insurance requirements stated in the RFP.

The solicitation has been amended to modify the requirements for liability insurance. The requirements and the limits are set forth in Section I of the RFP.

Liability insurance is required for all contractors doing business with the District of Columbia.

61. (A) Why are children who are identified with dangerous sexual activities and behaviors being placed in a family setting in the community? If these criteria are enforced, then Offerors will not be able to use a large number of our families. (B) Is this criterion non-negotiable?

(A) CFSA is interested in contracting with providers who are prepared to meet the needs of the children who are presented for care. Children will be placed in the least restrictive settings in which their individual needs can appropriately be met.

(B) The criterion is not negotiable.

62. Three general conditions were provided for the assignment of Family Responsibility to a contractor. What are other conditions that may apply?

Section C.6.1.1.2 has been amended to further outline CFSA's assignment of family case management responsibility.

63. If the family responsibility social worker is responsible for managing and coordinating services for parents and the family, how will the "child workers" responsibilities be monitored or ensured that they are adequately servicing the clients?

A Contractor with family case management responsibility shall assume a role of coordination and collaboration among social workers holding case management

responsibilities on a shared case. CFSA will monitor and ensure accountability of Contractors with child case management responsibilities, in the same manner that it monitors family case management responsibilities to ensure these duties are adequately fulfilled.

- 64. What is the expected timeframe for a determination of “specialized family based Care for the Office of Clinical Practice? Can a provider request an evaluation if “specialized” services are needed by a child in a traditional setting or can a provider expect to provide a level of “specialized care” using a traditional rate?**

The process for determination of specialized care will be informed and changed by the implementation of Facilitated Family Meetings, however current policy and practice involves OCP reviewing all placement requests for “specialized services” at the time of the request and with the supporting documentation.

- 65. Does each agency have to have a satellite office in the District of Columbia?**

No, Offerors are not required to have an office located in the District of Columbia.

- 66. This section addresses performance evaluation and outcome measurements. What methods of monitoring and evaluation does CFSA anticipate using to evaluate contractor(s) performance?**

CFSA’s Office of Licensing and Monitoring shall continue to monitor the performance of private family-based foster care providers through the assignment of a Program Monitor to each private provider. Program monitors routinely review providers’ performance through a variety of activities, including but not limited to scheduled and unscheduled site visits to programs; scheduled visits to private agency foster homes; review of case management data entered by providers in FACES; review of child, family and foster parent records, unusual incidents, court reports and other required provider reports; and participation in assorted staffings of individual cases. Methods used to evaluate performance outcomes shall be established in association with the Private Providers Workgroup that will be established as a result of the contracts awarded under this RFP.

- 67. The RFP states that CFSA anticipates formulating specific outcomes during the contract period. Will the contractor be expected to measure these during the contract period?**

Yes, successful Offerors will be expected to measure specific outcomes, which will be formulated during the contract period.

- 68. (A) Who does CFSA anticipate conducting outcome measurements? (B) Will FACES be used?**

(A) The process for measuring performance outcomes shall be determined in association with the Private Providers Workgroup that will be established as a result of the contracts awarded under this RFP. (B) Yes, FACES data will be a part of the system of measurement.

- 69. (A) What is the difference between the performance expectations and the standards? (B) Does CFSA expect to monitor contractor performance on all of these or only a subset?**

(A) CFSA anticipates identifying the results Contractors are expected to achieve and appropriate measures of these results in conjunction with the Private Providers Workgroup. See Section C.5.4.2.2.

(B) Providers shall be expected to meet the performance benchmarks articulated in the Implementation Plan during both the base and option years of the contracts awarded as a result of this RFP. Providers shall also be expected to comply with CFSA practice standards such as those listed in Section C.5.4.1.2.

- 70. What is the anticipated time expectation of the agency staff during the contract period to serve on the Private Providers Work Group?**

The amount of time required for agency representatives to serve on the Private Providers Work Group is unknown at this time.

- 71. Is the “Dispute resolution process” referenced on Page 40, Section C.6.6.1 a formal or informal process? Please explain how it will work.**

CFSA expects providers to be prepared to accept children presented for care. Prior to the implementation of Facilitated Family Team Meetings in placement and replacement decisions, if a Contractor disputes a placement decision, the Contractor may request through its Program Monitor that the placement of a child be reconsidered. Depending upon the circumstances of the specific placement decision, one or more of the Deputies for Programs, Clinical Practice, and/or Licensing and Monitoring may be involved in reviewing the placement decision. A final decision will be made by one or all of them.

Upon full implementation of the use of Facilitated Family Team Meetings for placement and replacement decisions, CFSA will no longer use a dispute resolution process to resolve placement disputes. Facilitated Family Team Meetings are expected to include the entire team of persons involved in making critical decisions in the case. The Contractor is expected to abide by the team decision, but may request that the placement decision be reconsidered after it has been tried for a reasonable period of time; such a request will lead to the convening of another FFMT.

- 72. (A) Can a “staff person” challenge or appeal CFSA’s substantiation of an allegation? (B) If yes, can the contractor delay termination of the staff person until the conclusion of the appeal?**

(A) Any individual who has been found to have abused or neglected a child may appeal that decision through CFSA’s Fair Hearings process. Each individual whose name has been placed on the Child Abuse Register as a result of a substantiated allegation is notified in writing and receives information about the his/her legal right to a Fair Hearing at that time.

(B) A Contractor may delay termination of an employee whose name has been placed on the Child Protection Register until after the conclusion of an appeal, but may not allow the employee to resume work during that appeal in a position that requires child interaction.

- 74. Will CFSA provide a copy of Ms. Sharlynn Bobo’s power point presentation?**

No, CFSA has elected not to provide copies of Ms. Bobo’s presentation.

- 75. What is meant by 10,350?**

CFSA will purchase a maximum of 10,350 days of Continuing Child Case Management services for children placed in Traditional Family-Based Foster Care during the base year of the contract.

- 76. Identify specific conditions and /or behaviors that should be contemplated in Section C.2.4?**

CFSA prefers not to list specific behaviors or diagnoses because of the possibility of omitting some that may qualify children for specialized care. Specialized care is reserved for children who, if living in a therapeutic family environment with specially trained providers and with other community-based services available to them, can be safely maintained in the community without presenting harm to themselves or others, despite their diagnoses or behaviors.

- 77. If an agency is presently providing services to CFSA children, and decides not to submit a proposal for this RFP, what time frame will be utilized to transfer the children to a successful Offeror?**

CFSA will transfer children in the care of Contractors who decide not to bid in a manner and timeframe that ensures their stability and well-being of the child. Contractors should consult their current contracts for more specific guidance.

- 78. With respect to performance evaluations, how are quantitative factors to be measured?**

Offerors are referred to the Implementation Plan for a description of the quantitative measures that will be used to evaluate performance. CFSA will continue to measure compliance with quantitative standards by using the management reports generated from the case management data each Contractor enters into the FACES management information system.

- 79. If you bid for case management responsibilities only, do you need to be a licensed placement agency in the District of Columbia?**

Offerors cannot bid only for case management responsibilities.

- 80. (A) Where should the Section K Certification and Representations appear in the proposal? (B) Where should the technical and management and price proposals appear in the proposal?**

See Section L for proposal submittal instructions.

(A) Offerors may submit completed and filled out Section K Certifications and Representations under a separate volume

(B) Offerors shall submit separated volumes for the Technical/Management and Price proposals. Additional.

- 81. Does the quarterly report referenced in Section C.5.4.1.2 intend to capture the same data as currently captured in monthly progress reports and monthly statistics?**

The quarterly report referenced in Section C.5.4.1.2 will supplement the current standard monthly reports, and shall focus specifically on the success of the Contractor's strategies for coming fully into compliance with the IP performance benchmarks and other practice changes in development.

- 82. Who/what determines FR? Alternatively, will a private agency have input into whether or not they will or are able to accept FR?**

CFSA assigns Family Case Management Responsibility to a Contractor. CFSA expects all Contractors to have the capacity to assume Family Case Management Responsibility.

- 83. What does the "placement rotation" look like? How long in duration is an agency's assignment? Is FR assignment tied to an agency's current service in the placement rotation?**

Design of the placement rotation method has not yet occurred.

- 84. What mechanisms exist for a Contractor to decline a placement referral if the Contractor's resources do not provide for an appropriate match?**

CFSA assigns family case management responsibility to a Contractor. CFSA expects all Contractors to have the capacity to assume family case management responsibility. Nonetheless, if a Contractor is unable to meet the needs of the child..

- 85. Can private agencies be provided budget sheets on-line in an Excel format?**

No, budget sheets will not be accepted on-line.

- 86. Will standards of practice for private agency workers with FR be the same practice standards for CFSA workers?**

Offerors should refer to the Appendices on Family and Child Case Management Responsibilities and the Implementation Plan regarding practice standards.

- 87. Are start-up cost recovery opportunities available?**

No, CFSA will not pay for start-up costs.

- 88. Pages 61 - Are private agency workers with FR performing investigative functions?**

No, private agency social workers with Family Case Management Responsibility are not performing investigative functions.

- 89. Will CFSA maintain responsibility for filing abuse and neglect petitions with the court?**

Yes, CFSA will maintain responsibility for filing abuse and neglect petitions with the court.

- 90. What are reasonable geographic distances for servicing a case with FR before turning it back over to CFSA?**

Contractors are expected to retain Family Case Management Responsibility regardless of where children are placed.

- 91. Do all copies of the proposal have to be on bond paper or just the original?**

Yes. All copies of the proposal must be on bond paper.

92. Will CFSA provide a list of certified Medicaid providers?

No.

93. Is the case management rate to be determined by the number of children in the family or is it per family?

The case management rate is a per family rate.

94. May Offerors use their own trained facilitators for Facilitated Family Team Meetings?

The model and form of Facilitated Family Meetings is still in the design stage and is expected to be implemented in the summer of 2004. CFSA has tentatively decided FFTM that involve initial placement and re-placement will be conducted by CFSA hired and trained Facilitators. There is significant room for the use of Facilitated Family Meetings within the context of ongoing practice, however, utilizing any of the models of Family Group Decision Making (e.g. FGC – Family Group Conference, FTM – Family Team Meeting, FUM – Family Unity Meetings, or some other facilitated meeting model). Offerors shall discuss their use of family-centered practice models in accordance with Section C.3.2.3.

95. There will be instances when it is not in the best interest of a child or family for Family Responsibility to remain with an agency that no longer has a child of the family in care. Will there be a process at CFSA to determine and assist with a case transfer in these cases?

CFSA desires that children and families will be assisted by persons familiar with their situations. Contractors are expected to maintain continuity of family case management with the families of children formerly in their care. In the rare circumstance when maintaining this continuity is not possible, a Contractor may request of its Program Monitor that a case be transferred CFSA will make a determination about the appropriateness of transferring family case management responsibility..

96. Bidders are considering forming a collaborative partnership with a range of providers to establish a clearinghouse for services that are Medicaid eligible, linked to neighborhood based Collaboratives and regionally relevant to families. Will such a clearinghouse, funded through this RFP, meet the criteria for establishing an “integrated services network with providers of community-based social and supportive services, congregate care, etc. (C.3.2.2)?

In accordance with the referenced section, Offerors are invited to propose arrangements for CFSA consideration they believe meet the requirements outlined.

- 97. Will CFSA accept the utilization of a provider “clearinghouse” funded through the Family Based Care contracts to assist with identification of adoptive families, including placement with the families, between the private licensed child placing agencies under contract to CFSA, for children with the goal of adoption when their foster family is unwilling or unable to adopt?**

Offerors are invited to propose arrangements for CFSA consideration they believe meet the requirements outlined.

- 98. Will utilization of a “clearinghouse”, operated in collaboration by the contractors, to identify appropriate placements between the providers, meet the criteria under C.6.8.2 “The Contractor shall make every effort to identify another of its foster homes for re-placement of a temporary or lasting basis”?**

In accordance with the referenced section, Offerors are invited to propose arrangements for CFSA consideration they believe meet the requirements outlined. CFSA shall continue to approve every foster care placement.

- 99. Will CFSA differentiate between “emergency placement” for children entering care from the community and “emergency placement” for children in a disrupted placement?**

Offerors are expected to have the capacity to place children in need of immediate placement or replacement regardless of their current residence. Offerors are expected to prevent placement disruptions initially through the use of placement staffings convened when a placement is at risk of disruption, and, when fully implemented for placement changes, the use of Facilitated Family Team Meetings convened when a placement appears to be at risk of disruption.

- 100. How does the agency differentiate between emergency placements for specialized and traditional foster care?**

Emergency placement with private providers, regardless of the level of care, shall be made by CFSA’s Placement Office, in collaboration with their respective intake/placement coordinators. CFSA intends that placement in specialized care shall be made only on a planned basis. Children who have histories of conditions or behaviors that may qualify them for specialized care may be temporarily placed in the homes of emergency foster parents with training in specialized foster care, but the CFSA Office of Clinical Practice shall grant specific approval for maintaining those children in specialized care beyond 90 days.

101. Must CFSA approve all home studies?

CFSA approves all documentation submitted for the licensure and relicensure of private agency foster homes in the District of Columbia.

102. Can a Contractor close a Family Responsibility case without the permission of CFSA?

No, a Contractor cannot close a Family Case Management Responsibility case without CFSA permission.

103. What is the timeline for placement staffings to be held after a request for a placement change?

Requests for placements staffings shall be made with sufficient notice to allow an opportunity to prevent disruption of an unstable placement. Staffings will be arranged as soon as possible.

104. Is the utilization of a placement rotation to substitute for the current placement conferences?

The placement rotation method has not yet been designed.

- - - - - END PART I - - - - -

PART II – CHANGES TO RFP

A. Section B

(1) Section B.8.1, B.8.2, B.8.3, B.8.4, and B.8.5 BASE PERIOD is changed to read:
“6/1/04 THROUGH 5/31/05”

(2) Section B.8.6, B.8.7, B.8.8, B.8.9 and B.8.10 OPTION PERIOD 1 is changed to read:
“6/1/05 THROUGH 5/31/06”

B. Section C

(1) Section C.5.4.2.1, the first sentences in this section is changed to read as follows:

“Expected practice outcomes, benchmarks and implementation strategies can be found in detailed in the Implementation Plan.”

(2) Section C.6.1.1.2 amended to read as follows:

“Each Contractor shall accept family case management responsibility when assigned such responsibility by CFSA. Generally, CFSA will assign family case management responsibility to a Contractor under the following conditions:

- (1) The majority of children from that family are placed in its foster homes;
- (2) The oldest child from a family is placed in its foster homes;
- (3) The only child in out-of-home care is placed in one of its foster homes.

If none of these three conditions apply, CFSA may make a determination tailored to the presenting condition.”

(3) Section C.6.2.3, in the first and second sentences change the wording: “three-month” to read “six-month”

(4) Section C.6.3.1, sentence 3, amended to, “Extensions beyond six months will require CFSA review and approval.”

(5) Section C. 6.4.5 sentence 2, amended to, “Extensions beyond six months will require CFSA review and approval.”

(6) Appendix A to Section C of the RFP is amended as follows:

Under **CHILD CASE MANAGEMENT RESPONSIBILITY** add the following paragraphs:

“26. Following achievement of the permanency goal, provide aftercare services to the child for six (6) months to ensure continued progress and monitor for any abuse and neglect issues.

27. Provide continuing child case management duties during periods in which the child is not residing in a foster home with the Contractor, but continues to be case managed by the Contractor.”

Under **FAMILY CASE MANAGEMENT RESPONSIBILITY**, amend paragraph 17 to read as follows:

“17. Prepare and file reports to the court.”

Under **FAMILY CASE MANAGEMENT RESPONSIBILITY**, amend paragraph 28 to read as follows:

“28. Provide continuing family case management duties for the family when the child/children are no longer placed in a foster home with the Contractor due to temporary placement elsewhere, reunification with family, acquisition of a legal guardian, or adoption. Following achievement of the permanency goal, provide aftercare services for 6 months to ensure continued progress and monitor for any abuse and neglect issues. If the Contractor is not providing adoption services, refer child/children to CFSA’s Adoption Resource Center.

C. Section I

(1) Section I.11.7 is amended to read as follows: “...maintain excess or umbrella liability insurance with limits of no less than three million dollars (\$3,000,000) per occurrence, subject to a general aggregate of (\$3,000,000) per policy year, and self-insured retention of no more than ten thousand (\$10,000)...”

D. Section J

(1) (Attachment J.11) **CHILD AND FAMILY SERVICES AGENCY, GLOSSARY OF TERMS** is amended add the definitions for Continuing Case Management Responsibility, Individual Treatment Plan, Kin and to amend the definition for Family as follows:

The Glossary of Terms has been amended to add definitions for Continuing Case Management Responsibility, Individual Treatment Plan, Kin, and to substitute a new definition for Family.

“Continuing Case Management Responsibility: Maintenance of case management responsibility duties on the part of the Contractor that transpires during a period in which a child is not residing in a foster home with the Contractor. CFSA pays the Contractor a

continuing case management rate during this period, but generally does not pay the room and board portion of Contractor payment while the child is temporarily placed elsewhere.

Individual Treatment Plan: A comprehensive therapeutic plan completed within 30 days of placement and updated quarterly. The plan shall address the long-term goals of treatment including criteria for discharge, projected length of stay in the program, projected date of completion of intervention goals that will result in the child being “stepped down”, and projected services following a change in type of care.

Kin: When referring to kin of a foster child, an individual who is at least 21 years of age and either:

- a. A relative of the foster child by blood, marriage, or adoption; or
- b. An individual, identified by a relative of the foster child by blood, marriage, or adoption, in a sworn affidavit, to have close personal or emotional ties with the foster child or the foster child’s family which pre-dated the foster child’s placement with the individual.

Family: A group of two or more persons related by birth, marriage, adoption, or emotional ties residing in the same household.”

E. Section L

(1) Section L.2.1.7 **Past Performance/Experience**, the wording is changed to read as follows:

“The Offeror must provide references from each government agency for which it has previously provided family-based care services. The reference information shall include the name, title, phone number, fax number and e-mail address of a program manager of the agency with specific knowledge about the quantity, quality and duration of the services provided. In addition, the Offeror shall provide the period of performance, the number children served and a description of the services provided. CFSA shall contact the named references. CFSA shall have the right to utilize any other reference information that it locates regarding the Offeror’s past performance, and to reject information from references the Offeror provides who lack specific knowledge about the Offeror’s past performance.”

(2) Section L.2.1.8 **Price Proposal** and subsections L.2.1.8.1, L.2.8.1.1, L.2.1.8.1.2, L.2.1.8.1.3, L.2.1.8.1.4 and L.2.1.8.1.5, change the wording: “Base Period: April 1, 2004 through March 31, 2005 and Option Period April 1, 2005 through March 31, 2006” to read:

“ Base Period: June 1, 2004 through May 31, 2005 and Option Period: June 1, 2005 through May 31, 2006.”

(4) Add Section L.2.1.8.2.1 that reads as follows:

“The Offeror shall provide Certified Cost and Pricing Data by completing the package attached as Attachment J.4. Cost and Pricing Data encompasses all facts of the time or price agreement that prudent buyers and sellers would reasonably expect to affect price negotiations significantly. Cost and pricing data are factual, not judgmental, and are therefore verifiable. While they do not indicate the accuracy of the prospective contractor’s judgment about estimated future cost or projections, they do include the data forming the basis for that judgment. Cost and pricing data are more than historical accounting data; they are all the facts that can be reasonably expected to contribute to the soundness of estimates of future costs and to the validity of determinations of costs already incurred. They also include factors such as vendor quotations; nonrecurring costs; information on changes in production methods or purchasing volume; data supporting projections of business prospects and objectives and related operational costs; and unit cost trends, such as those associated with labor efficiency, make-or-buy decisions, estimated resources to attain business goals, and information on management decisions that could have a significant bearing on cost. Offerors shall complete the schedules set forth in the Certified Cost and Pricing Data Package (Attachment J.4) that shows the stipend to be paid to foster parents and to support and substantiate all cost proposed by the Offeror.”

(5) Section L.3.1 Proposal Submission, the submittal date is changed to read:
“February 12, 2004 by 4:00PM Eastern Standard Time”

----- END PART I -----

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.